

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044437

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 563

FILED NOV 27 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		c. CITY OR TOWN <b>Galena</b>	
Length of stay in 1b <b>6 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1220 Short Street</b>	
3. NAME OF DECEASED (Type or print) <b>Susan Aristene Dugan</b>		4. DATE OF DEATH Month <b>11</b> - Day <b>21</b> - Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-24-1871</b>
9. AGE (last birthday) <b>92</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Maryville, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Washington Rarey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Slater</b>	
14. NAME OF HUSBAND OR WIFE <b>Fred Dugan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Josephine Jones Galena Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma of Liver</b> DUE TO (b) <b>Primary not established</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>1960 to 11-21-63</b>	
20g. COUNTY <b>Cherokee</b>		20h. STATE <b>Kansas</b>	
21. I attended the deceased from <b>1:35 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert G. Powell M.D.</b>		22b. ADDRESS <b>Joplin, Mo</b>	
22c. DATE SIGNED <b>11-21-63</b>		22d. LOCATION (City, town, or county) (State) <b>Hiattville Kansas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-23-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hiattville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hiattville Kansas</b>
24. FUNERAL DIRECTOR <b>Ray L. Derfelt Galena, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>11-22-63</b>	
26. REGISTRAR'S SIGNATURE <b>Noel Merriam</b>		27. DATE OF DEATH <b>11-21-63</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

11-11-1970

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0212

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Roy L. Werfelt

Licensed Embalmer No. 4945

P. O. Address Helena, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.